

EXHIBIT 8

Driver completes this section.

Driver completes this section, but medical examiner is encouraged to discuss with driver.

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

Driver's Signature _____ Date 4-26-17

Expt 2 dm: Glucophage + Glucobol - takes mm - when blood sugar > 65

7/28/09. Storken chestnut color of upper wing. Elliptical

TESTING (Medical Examiner completes Section 3 through 7)

Name: Last, First, Middle.

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 16	20/	Right Eye 85°
Left Eye	20/ 16	20/	Left Eye 85°
Both Eyes	20/ 16	20/	

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination Name of Ophthalmologist or Optometrist (print) Tel. No. License No./State of Issue Signature

4. HEARING

Standard: a) Must first perceive forced whispered voice ≥ 5 ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB

INSTRUCTIONS: Check if hearing aid used for tests. ☐ Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear 5 Feet	Left Ear 5 Feet
b) If audiometer is used, record hearing loss in decibels, (acc. to ANSI 224.5-1951)	Right Ear 500 Hz 1000 Hz 2000 Hz	Left Ear 500 Hz 1000 Hz 2000 Hz
	Average:	Average:

5. BLOOD PRESSURE / PULSE RATE

Numerical readings must be recorded. Medical examiner should take at least two readings to confirm BP.

Blood Pressure Systolic 136 Diastolic 73

Driver qualified if ≤ 140/90.

Pulse Rate: ☒ Regular ☐ Irregular

Record Pulse Rate: 64

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if ≤ 140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if ≤ 140/90
≥ 180/110	Stage 3	6 months from date of exam if ≤ 140/90	6 months if ≤ 140/90

6. LABORATORY AND OTHER TEST FINDINGS

Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
	1.015	neg	neg	2000

4/28/04-Glenn A. 207 Featery-Bellman

EXHIBIT 9

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Edward Thompson in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
☐ wearing hearing aid
☐ accompanied by a _____ waiver/exemption
☐ driving within an exempt intracity zone (49 CFR 391.62)
☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
☐ qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER <u>Barbara Elliott</u>	TELEPHONE (812) 283-2013	DATE 04/28/04
MEDICAL EXAMINER'S NAME (PRINT) <u>Barbara Elliott</u>	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 71000103 INDIANA		
SIGNATURE OF DRIVER <u>Edward Thompson</u>	DRIVER'S LICENSE NO. 4657210	STATE AL
ADDRESS OF DRIVER 801 5 th Ave Geneva AL 36340		
MEDICAL CERTIFICATE EXPIRATION DATE 04/26/05		

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

EXHIBIT 10

[FR Doc. 03-22426 Filed 9-2-03; 8:45 am]
BILLING CODE 3991-01-C

DEPARTMENT OF TRANSPORTATION

**Federal Motor Carrier Safety
Administration**

[Docket No. FMCSA-2001-9800]

**Qualification of Drivers; Exemption
Applications; Diabetes**

AGENCY: Federal Motor Carrier Safety
Administration (FMCSA), DOT.

ACTION: Notice of final disposition.

SUMMARY: This notice announces
FMCSA's decision to issue exemptions
to certain insulin-using diabetic drivers

of commercial motor vehicles (CMVs)
from the diabetes mellitus prohibitions
contained in the Federal Motor Carrier
Safety Regulations (FMCSRs). The
FMCSA will grant exemptions only to
those applicants who meet the specific
conditions and comply with all the
requirements of the exemption. The
FMCSA will issue exemptions for not
more than a period of two years. Upon
expiration, those holding exemptions
may apply to FMCSA for a renewal
under procedures in effect at that time.
The FMCSA is leaving the docket open
so that interested persons can provide
comments on any changes to the
specific conditions needed to qualify for
the exemption program.

DATES: This notice is effective on
September 3, 2003. FMCSA will begin

accepting applications for exemptions
on September 22, 2003.

ADDRESSES: Qualified insulin-treated
diabetes mellitus drivers may now
request a diabetes exemption from the
regulations of 49 CFR 391.41(b)(3) by
sending an exemption request to:
Diabetes Exemption Program (MC-PSP),
Office of Bus and Truck Standards and
Operations, Federal Motor Carrier Safety
Administration, 400 Seventh Street,
SW., Washington, DC 20590-0001.

FOR FURTHER INFORMATION CONTACT: Ms.
Sandra Zywockarte, Office of Bus and
Truck Standards and Operations, (202)
366-4001, FMCSA, 400 Seventh Street,
SW., Washington, DC 20590. Office
hours are from 7:45 a.m. to 4:15 p.m.,
e.t., Monday through Friday, except
Federal holidays.

52442

Federal Register / Vol. 68, No. 170 / Wednesday, September 3, 2003 / Notices

SUPPLEMENTARY INFORMATION:

Docket: For access to the docket to read background documents or comments received, go to <http://dms.dot.gov> at any time, or to Room PL-401 on the plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Privacy Act: Anyone is able to search the electronic form of all comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review the Department of Transportation's (DOT) complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477), or you may visit <http://dms.dot.gov>.

Background

The agency established the current standard for diabetes in 1970 because several risk studies indicated that diabetic drivers had a higher rate of accident involvement than the general population. The diabetes requirement provides that: A person is physically qualified to drive a commercial motor vehicle if that person has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control (49 CFR 391.41(b)(3)).

Since 1970, the agency has considered the diabetes requirement and undertaken studies to determine if its diabetes standard for commercial drivers in interstate commerce should be amended. It is FMCSA's view that its physical qualification standards should be based on sound medical, scientific and technological grounds, and that individual determinations should be made to the maximum extent possible consistent with FMCSA's responsibility to ensure safety on the nation's highways. The FMCSA published a notice of intent to issue exemptions to insulin-using diabetic drivers in the Federal Register on July 31, 2001 (66 FR 39548). This notice of intent discussed the regulatory history and research activity addressing the issue of diabetes and CMV operation.

Feasibility Study To Qualify Insulin-Treated Diabetics to Operate CMVs

Section 4018 of the Transportation Equity Act for the 21st Century (TEA-21) (Pub. L. 105-178, 112 Stat. 107) directed the Secretary of Transportation (the Secretary) to determine if it is feasible to develop a safe and practicable program for allowing

individuals with insulin-treated diabetes mellitus (ITDM) to operate CMVs in interstate commerce. In making the determination, the Secretary was directed to evaluate research and other relevant information on the effects of ITDM on driving performance. TEA-21 stated that, to accomplish this, the Secretary shall consult the states with regard to their programs for CMV operation by ITDM drivers, evaluate the DOT policies in other modes of transportation, analyze pertinent risk data, consult with interested groups knowledgeable about diabetes and related issues, and assess the possible legal consequences of permitting ITDM individuals to operate CMVs in interstate commerce. TEA-21 also directed the Secretary to report the findings to Congress and, if a program is feasible, describe the elements of a protocol to permit individuals with ITDM to operate CMVs. The FMCSA submitted the report to Congress on August 23, 2000. It is entitled "A Report to Congress on the Feasibility of a Program to Qualify Individuals with Insulin Treated Diabetes Mellitus to Operate Commercial Motor Vehicles in Interstate Commerce as Directed by the Transportation Equity Act for the 21st Century," July 2000 (TEA-21 Report to Congress). It concludes that a safe and practicable protocol to allow some ITDM individuals to operate CMVs is feasible. For a detailed discussion of the report findings and conclusions, see July 31, 2001 (66 FR 39548). A copy of the report is on FMCSA's Web site at www.fmcsa.dot.gov/rulesregs/medreports.htm.

Authority—Exemptions

Under 49 U.S.C. 31315 and 31136(e), FMCSA may grant an exemption for a period up to two years if it finds "such exemption would likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved absent such exemption." The statute also allows the agency to renew exemptions at the end of the two-year period, or after the current exemption expires.

FMCSA must publish a notice in the Federal Register for each exemption requested, explaining that the request has been filed, and providing the public an opportunity to inspect the safety analysis and any other relevant information known to the agency, and comment on the request. Prior to granting a request for an exemption, the agency must publish a notice in the Federal Register identifying the person or class of persons who will receive the exemption, the provisions from which the person will be exempt, the effective

period, and all terms and conditions of the exemption. The terms and conditions established by FMCSA must ensure that the exemption will likely achieve a level of safety that is equivalent to, or greater than, the level that would be achieved by complying with the regulation.

In addition, the agency is required to monitor the implementation of each exemption to ensure compliance with its terms and conditions. If FMCSA denies a request for an exemption, the agency must periodically publish a notice in the Federal Register identifying the person(s) whom the agency denied the exemption to and the reasons for the denial.

Generally, the duration of exemptions is limited to two years from the date of approval, but may be renewed. FMCSA is required to immediately revoke an exemption if:

- (1) The person fails to comply with the terms and conditions of the exemption;
- (2) The exemption has resulted in a lower level of safety than was maintained before the exemption was granted; or
- (3) Continuation of the exemption would not be consistent with the goals and objectives of the regulations issued under the authority of 49 U.S.C. 31315 and 31136(e).

Process for Applying for an Exemption

The procedures for applying for an exemption may be found at 49 CFR 381.300 through 381.330. The person applying for an exemption is required to send a written request to the FMCSA Administrator. The written request must include basic information such as the identity of the person who would be covered by the exemption, the name of the motor carrier or other entity that would be responsible for the use or operation of CMVs during the exemption period, and the principal place of business of the motor carrier or other entity. Under section 381.310, the application must include a written statement that:

- (1) Describes the event or CMV operation for which the exemption would be used;
- (2) Identifies the regulation from which the applicant is requesting relief;
- (3) Estimates the total number of drivers and CMVs that would be operating under the terms and conditions of the exemption; and
- (4) Explains how the recipient of the exemption would ensure that they achieve a level of safety that is equivalent to, or greater than, the level of safety that would be obtained by complying with the regulation.

FMCSA Procedures for the Review of Exemption Applications

Section 381.315 requires FMCSA to review an application for an exemption and prepare, for the Administrator's signature, a Federal Register notice requesting public comment. After a review of the comments received, FMCSA staff will make a recommendation to the Administrator. FMCSA will publish a notice of the Administrator's final decision in the Federal Register. FMCSA will issue a final decision within 180 days of the date it receives an individual's completed application. However, if the applicant should omit important details or other information necessary for the agency to conduct a comprehensive evaluation, FMCSA will issue a final decision within 180 days of the date that it receives sufficient information (49 CFR 381.315 and 381.320). FMCSA recognizes that this potential six-month waiting period may seem burdensome. However, the agency must carefully evaluate each and every application for regulatory relief from the diabetes standard, to assess the potential safety performance of each applicant. In addition, the agency must prepare and submit the candidate's application for public notice and comment in the Federal Register and then evaluate comments received before making a final decision. FMCSA's overriding concern is to ensure the safety of interstate CMV operations. The agency will notify all applicants in writing once it makes a final decision.

Application Information

In considering exemptions, the FMCSA must ensure that the issuance of diabetes exemptions will not be contrary to the public interest and that the exemption achieves an acceptable level of safety. The FMCSA will only grant exemptions, therefore, to ITDM individuals who meet certain conditions. These conditions are set forth below and the FMCSA based the conditions on the research literature, relevant DOT and State exemption programs, and substantial medical input from a panel of endocrinologists. FMCSA will require applicants for an exemption from the ITDM prohibition to submit their applications in a letter (there will be no application form), include all supporting documentation, and use the following format:

Vital Statistics

Name (First Name, Middle Initial, Last Name).
Address (House Number and Street Name, City, State, and ZIP Code).

Telephone Number (Area Code and Number).

Sex (Male or Female).

Date of Birth (Month, Day, Year).

Age.

Social Security Number.

State Driver's License Number (List all licenses held to operate a commercial motor vehicle during the 3-year period immediately preceding the date of application).

Driver's License Expiration Date.

Driver's License Classification Code (If not a commercial driver's license (CDL) classification code, specify what vehicles may be operated under such code).

Driver's License Date of Issuance (Month, Day, Year).

Experience

Number of years driving straight trucks.

Approximate number of miles per year driving straight trucks.

Number of years driving tractor-trailer combinations.

Approximate number of miles per year driving tractor-trailer combinations.

Number of years driving buses.

Approximate number of miles per year driving buses.

Present Employment

Employer's Name (If Applicable).

Employer's Address.

Employer's Telephone Number.

Type of Vehicle Operated and GVWR (Straight Truck, Tractor-Trailer Combination, Bus).

Commodities Transported (e.g., General Freight, Liquids in Bulk (in cargo tanks), Steel, Dry-Bulk, Large Heavy Machinery, Refrigerated Products).

Estimated number of miles driven per week.

Estimated number of daylight driving hours per week.

Estimated number of nighttime driving hours per week.

States in which you will drive if issued an exemption.

In addition, the applications must include supporting documentation showing that the applicant:

(1) Possesses a valid intrastate CDL or a license (non-CDL) to operate a CMV;

(2) Has operated a CMV, with a diabetic condition controlled by the use of insulin, for the three-year period immediately preceding application;

(3) Has a driving record for that three-year period that:

Contains no suspensions or revocations of the applicant's driver's license for the operation of any motor vehicle (including their personal vehicle),

Contains no involvement in an accident for which the applicant

received a citation for a moving traffic violation while operating a CMV,

Contains no involvement in an accident for which the applicant contributed to the cause of the accident, and

Contains no convictions for a disqualifying offense or more than one serious traffic violation, as defined in 49 CFR 383.5, while operating a CMV;

(4) Has no other disqualifying conditions including diabetes-related complications;

(5) Has had no recurrent (two or more) hypoglycemic reactions resulting in a loss of consciousness or seizure within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia;

(6) Has had no recurrent hypoglycemic reactions requiring the assistance of another person within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia;

(7) Has had no recurrent hypoglycemic reactions resulting in impaired cognitive function that occurred without warning symptoms within the past five years. A period of one year of demonstrated stability is required following the first episode of hypoglycemia,

(8) Has been examined by a board-certified or board-eligible endocrinologist (who is knowledgeable about diabetes) who has conducted a complete medical examination. The complete medical examination must consist of a comprehensive evaluation of the applicant's medical history and current status with a report including the following information:

(A) The date insulin use began,

(B) Diabetes diagnosis and disease history,

(C) Hospitalization records,

(D) Consultation notes for diagnostic examinations,

(E) Special studies pertaining to the diabetes,

(F) Follow-up reports,

(G) Reports of any hypoglycemic insulin reactions within the last five years,

(H) Two measures of glycosylated hemoglobin, the first 90 days before the last and current measure,

(I) Insulin dosages and types, diet utilized for control and any significant factors such as smoking, alcohol use, and other medications or drugs taken, and

(J) Examinations to detect any peripheral neuropathy or circulatory insufficiency of the extremities;

EXHIBIT 11

46-965



Dart Transit Company

800 Lone Oak Road, Eagan, MN 55121 • Mailing Address: P.O. Box 64110, St. Paul, MN 55164-0110 • Office: 651-688-2000 • 800-366-9000

To: Florida TransfermerRe: Edward Thompson Social Security 417-88-9319He/ She is an ☐ Owner/ Operator ☐ Company DriverDates of Service: From 4/26/04 To Present
Additional Dates _____ To _____Position: Driver, Tractor Trailer
Hauling: General CommoditiesPulling: 53 foot Dry Van Trailer
State Authority: 48 plus Canada

Reason for separation:

☐ Voluntary Quit ☐ Discharged ☒ Currently Employed

ACCIDENT / INCIDENT INFORMATION

DATE	PREV / NP	DESCRIPTION	DOT RECORDABLE
6/14/04	NP	#1 Struck #2 in rear.	Yes

Eligible for rehire: Upon Review

1. Had a test with a confirmed breathe alcohol level of 0.04 or greater in the past 3 years? YES ☐ NO ☒
2. Tested positive for a controlled substance in the last 3 yrs? YES ☐ NO ☒
3. Refused a controlled substance test and/or alcohol test in the past 3 years? YES ☐ NO ☒
4. Violated other DOT drug/alcohol regulations in the past 3 years? YES ☐ NO ☒
5. Received information from a previous employer that this individual violated DOT drug & alcohol regulations in the past three (3) years? YES ☐ NO ☒
6. Has the above listed individual been subject to federal drug & alcohol testing requirements in the past three (3) years? YES ☒ NO ☐

Completed by Sianne Qualification Date Completed: 9/9/04

EXHIBIT 12

USER: 5
PAGE 1ALABAMA DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 1471 MONTGOMERY, AL 36102-1471
DRIVER HISTORY ABSTRACT AS OF: 11/22/2005

```
***** REQUESTOR *****  
* HENRY L PENICK, ATTY  
* 319 17TH STREET NORTH  
* STE 200, PO BOX 967  
* BIRMINGHAM AL 35201  
*****  
***** DRIVER DATA *****  
* LICENSE NO: 4657210  
* BIRTHDATE: 10/30/1962  
* RACE: W SEX: M  
* DL STATUS: CURRENT  
* CDL STATUS: VALID  
* CLASS: AM  
* RESTRICTIONS:  
* ENDORSEMENTS:  
*****
```

CONVICTION DATE	OFFENSE/ REMOVAL STAT	TIME/ UNIT	REMOVAL REASON/ OFFENSE DATE	COURT	COM VEH
05/09/2003	SPEEDING	69/45 MPH	ZONE 02/21/2003	HOUSTON CO DISTRICT COURT	N
05/25/1999	SPEEDING	SPEED UNKNOWN	05/05/1999	TEXAS	Y
07/24/1998	SPEEDING	70/45 MPH	ZONE 06/10/1998	GENEVA CO DISTRICT COURT	N
09/18/1995	SPEEDING	68/55 MPH	ZONE 07/03/1995	COFFEE CO DISTRICT COURT	N
04/21/1994	NO POINTS IN CMV		03/17/1994	MORGAN CO DISTRICT COURT	N
09/18/1990	SPEEDING	SPEED UNKNOWN	09/10/1990	TEXAS	J
08/31/1990	SPEEDING	74/55 MPH	ZONE 07/06/1990	GEORGIA	J
03/07/1988	SPEEDING	86/55 MPH	ZONE 01/23/1988	RUSSELL CO DISTRICT COURT	J
05/03/1983	DUI - LIQUORS		03/19/1983	SLOCOMB MUNC COURT	J

*** ACCIDENT DATA ***

09/02/2004	ACCIDENT# = 4524732	COM VEH/Y	CNTY/MACON	CITY/RURAL
08/29/2002	ACCIDENT# = 2095274	COM VEH/N	CNTY/HOUSTON	CITY/DOTHAN
06/17/1997	ACCIDENT# = 7059834	COM VEH/Y	CNTY/ESCAMBIA	CITY/RURAL
07/01/1987	ACCIDENT# = 7069885	COM VEH/U	CNTY/DALE	CITY/OZARK

*** THE INCLUSION OF ACCIDENT DATA IN THIS REPORT ***
*** IN NO WAY IMPLIES FAULT OR LIABILITY. ***

ALABAMA DEPARTMENT OF PUBLIC SAFETY
P.O. BOX 1471 MONTGOMERY, AL 36102-1471
DRIVER HISTORY ABSTRACT AS OF: 11/22/2005

USER: 5

PAGE 2

***** REQUESTOR *****
* HENRY L PENICK, ATTY
* 319 17TH STREET NORTH
* STE 200, PO BOX 967
* BIRMINGHAM AL 35201
*
*
*
*

***** DRIVER DATA *****
* LICENSE NO: 4657210
* BIRTHDATE: 10/30/1962
* RACE: W SEX: M
* DL STATUS: CURRENT
* CDL STATUS: VALID
* CLASS: AM
* RESTRICTIONS:
* ENDORSEMENTS:

CONVICTION DATE	OFFENSE/ REMOVAL STAT	TIME/ UNIT	REMOVAL REASON/ OFFENSE DATE	COURT	COM VEH

*** CERTIFICATION ***

AS AN OFFICIAL CUSTODIAN OF RECORDS FOR THE ALABAMA DEPARTMENT OF PUBLIC SAFETY, I HEREBY CERTIFY THIS IS A TRUE AND CORRECT COPY OF THE DRIVER HISTORY RECORD FROM THE COMPUTER FILES OF THE DEPARTMENT.

Archie Thompson
OFFICIAL CUSTODIAN

I HEREBY CERTIFY THAT THE ABOVE NAMED INDIVIDUAL IS AN OFFICIAL CUSTODIAN OF RECORDS FOR THE ALABAMA DEPARTMENT OF PUBLIC SAFETY.

Lashun A. Hooks
NOTARY PUBLIC

MY COMMISSION EXPIRES

1-28-2009

EXHIBIT 13

DRIVER'S NAME THEODORE ALEX FIRST ALEX LAST THEODORE SOCIAL SECURITY NO. Y17 - 88 - 5319 \$391.21

DRIVER'S LICENSE NO. 465721D STATE AL CLASS A IF CDL, LIST ENDORSEMENTS _____

TYPE OF UNIT DRIVER IS MOST ACCUSTOMED TO SEMI / TRAILER

TYPE OF UNIT TESTED ON: POWER SEMI TRAILER(S) 45'

IF PASSENGER CARRIER, TYPE OF BUS _____

SCHOOL BUS, TAXI, LIMOUSINE, COACH

GRADE DRIVER IN THE BELOW AREAS OF OPERATION ON THE BASIS OF (E) excellent; (G) good; (F) fair; (P) poor

AREA OF OPERATION	DAY TEST		NIGHT TEST	
	DATE	GRADE	DATE	GRADE
Pretrip inspection	9-1-04	E	9-2-04	E
Knowledge of emergency equipment demonstrated	9-1-04	E	9-2-04	E
If combination unit, coupling and uncoupling	9-1-04	E	9-2-04	E
Placing vehicle in operation	9-1-04	E	9-2-04	E
Use of seat belt	9-1-04	E	9-2-04	E
Acceleration	9-1-04	E	9-2-04	E
Operating the vehicle in traffic	9-1-04	E	9-2-04	E
Upshifting	9-1-04	E	9-2-04	E
Lane holding	9-1-04	E	9-2-04	E
Multi-lane road maneuvering	9-1-04	E	9-2-04	E
Space management	9-1-04	E	9-2-04	E
Distance scanning (following/gap judgement)	9-1-04	E	9-2-04	E
Use of mirrors in traffic	9-1-04	E	9-2-04	E
Observance of posted speed limits	9-1-04	E	9-2-04	E
Maneuvering through curves	9-1-04	E	9-2-04	E
Use of turn signals during lane change	9-1-04	E	9-2-04	E
Use of mirrors during lane change	9-1-04	E	9-2-04	E
Speed adjustment during lane change	9-1-04	E	9-2-04	E
Cancelling turn signal after lane change completion	9-1-04	E	9-2-04	E
Lane change return	9-1-04	E	9-2-04	E
Area of operation	9-1-04	E	9-2-04	E
Intersection scanning	9-1-04	E	9-2-04	E
Downshifting	9-1-04	E	9-2-04	E
Braking	9-1-04	E	9-2-04	E
Slowing the vehicle by means other than braking	9-1-04	E	9-2-04	E
Turning the vehicle at an intersection	9-1-04	E	9-2-04	E
Use of turn signal during turns	9-1-04	E	9-2-04	E
Avoidance of squeeze situations when turning	9-1-04	E	9-2-04	E
Handling uphill operations	9-1-04	E	9-2-04	E
Handling downhill operations	9-1-04	E	9-2-04	E
Recognition and following of road signs and signals	9-1-04	E	9-2-04	E
Lighting the road with the use of high/low beams	9-1-04	E	9-2-04	E
Courtesy of driver to other motorists and pedestrians	9-1-04	E	9-2-04	E
Recognition and avoidance of potential unsafe road conditions and traffic problems	9-1-04	E	9-2-04	E
Backing and parking the vehicle	9-1-04	E	9-2-04	E
Post trip inspection	9-1-04	E	9-2-04	E
Overall use of vehicle controls (horn, wipers, clearance lights, etc.)	9-1-04	E	9-2-04	E
Knowledge and overall use of vehicle safety equipment	9-1-04	E	9-2-04	E

CHECK BOX IF COMMENT SPACE PROVIDED ON BACK OF FORM WAS USED.

This is to certify that the above named driver was given a road test under my supervision on 9-2-04 consisting of approximately 200 miles of driving.

It is my considered opinion that this driver PASSED ✓ DID NOT PASS with sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

EXAMINER'S SIGNATURE

COMPANY OF EXAMINER

ADDRESS OF EXAMINER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

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DRIVER

TITLE OF EXAMINER

Comments: NEAL is a very good driver

No. 1055 Copyright © 1/04 Reorder from Trans Products 1-800-357-9100 PO Box 898 Milford, DE 19963

No. 1055 Copyright © 1/04 Reorder from Trans Products 1-800-357-9100 PO Box 898 Milford, DE 19963

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CERTIFICATION OF ROAD TEST

This is to certify that the above named driver was given a road test under my supervision on the date _____

consisting of approximately _____ miles of driving

It is my considered opinion that this driver PASSED _____ DID NOT PASS _____ with sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

EXAMINER'S SIGNATURE

COMPANY OF EXAMINER

ADDRESS OF EXAMINER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

DRIVER

TITLE OF EXAMINER

BALANCE OF CERTIFICATION ON REVERSE SIDE

No. 1055 Copyright © 1/04 Reorder from Trans Products 1-800-357-9100 PO Box 898 Milford, DE 19963

EXHIBIT 14

FORM MCS-59 Prescribed by the U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION REV. 67

DOT-SP 1-94

FORM-MCS-59-Prescribed by the
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION REV. 67**DRIVER'S DUTY STATUS RECORD**
(One calendar day - 24 hours)
USE TIME STANDARD AT HOME TERMINALForm Approved Budget Bureau No. 04-R2399
ORIGINAL - File each day at home terminal
DUPLICATE - Driver retains in his possession for 8 days.9 2 04 140
(Month) (Day) Year (Total mileage today)11 228
Vehicle numbers - (Show each unit)

I certify these entries are true and correct:

140
(Total miles driving today)*Heath Thompson*
(Driver's signature in full)

(Name of Carrier or Carriers)

Defiant Spring F
(Main Office Address)

(Name of co-driver)

Same
(Home Terminal Address)

	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	Total Hours
1: OFF DUTY																									21
2: SLEEPER BERTH																									0
3: DRIVING																									150
4: ON DUTY (Not Driving)																									50
	MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	24
REMARKS:																									

Sharon H
Week
Defiant Spring F
P.O. Box 100

Shipping document, manifest number, or name of a shipper and commodity. Information required by Section 395.8(f).

Check the box and enter name of place you reported and where released from work and when and where each change of duty occurred. Explain excess hours. Section 395.8(f).

FROM:

TO:

SUMMARY FOR 70 HOURS 8 DAYS

(Starting Point or Place)

(Destination or Turn Around Point or Place)

Log No.	Total Hours On Duty Today - Lines 3 & 4	[1] Total Hours On Duty Last 8 Days - Lines 3 & 4	[2] Total Hours On Duty Last 7 Days - Lines 3 & 4	[3] Eligible Hours Tomorrow (70 Minus Box 3)	[4] Code For Violation
	0	0	0	70	On Duty

EXHIBIT 15

STATEMENT OF VIOLATIONS

§§391.25, 391.27

This form is to be completed at least once every 12 months.

DRIVER'S NAME Edward Neal Thompson

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months. (If no violations, put NONE in the offense column.)

DATE OF CONVICTION	OFFENSE	LOCATION	COMMERCIAL MOTOR VEHICLE OR AUTOMOBILE
	<u>None</u>		

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Edward Neal Thompson
DRIVER'S SIGNATURE
8/13/04
DATE
NAME OF MOTOR CARRIER Florida Transformer, Inc.ADDRESS P.O. Box 507 DeFuniak Springs
FL 32435
STATE ZIP
Scott Leary
HR MGR
REVIEWED BY: SIGNATURETITLE**Certificate of Review**

To be certified by a motor carrier supervisor.

I have hereby reviewed the driving record of _____
DRIVER'S NAME
 in accordance with §391.25 and find that he/she:

☐ Meets minimum requirements for safe driving.

☐ Is disqualified to drive a commercial motor vehicle pursuant to §391.15.

Reason for disqualification: _____

SUPERVISOR'S SIGNATURE
1/1
DATE

Distribution of Copy: Driver Qualification File with a copy of Motor Vehicle Driving Record attached.

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FTI